

NEW YORK STATE SECURITY BREACH REPORTING FORM
Pursuant to the Information Security Breach and Notification Act
(General Business Law §899-aa)

Name and address of Entity that owns or licenses the computerized data that was subject to the breach:

Ice Miller LLP

Street Address: One America, Square, Suite 2900

City: Indianapolis

State: IN

Zip Code: 46282

Submitted by: Stephen E. Reynolds **Title:** Partner **Dated:** 3/21/2016

Firm Name (if other than entity):

Telephone: 317-236-2391

Email: Stephen.Reynolds@icemiller.com

Relationship to Entity whose information was compromised:

Type of Organization (please select one): Governmental Entity in New York State; Other Governmental Entity; Educational; Health Care; Financial Services; Other Commercial; or Not-for-profit.

Number of Persons Affected:

Total (Including NYS residents): 52 NYS Residents: 1

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? Yes No

Dates: Breach Occurred: Unknown Breach Discovered: 12/30/2016 Consumer Notification: 3/21/2016

Description of Breach (please select all that apply):

Loss or theft of device or media (e.g., computer, laptop, external hard drive, thumb drive, CD, tape);

Internal system breach; Insider wrongdoing; External system breach (e.g., hacking);

Inadvertent disclosure; Other specify: _____

Information Acquired: Name or other personal identifier in combination with (please select all that apply):

Social Security Number

Driver's license number or non-driver identification card number

Financial account number or credit or debit card number, in combination with the security code, access code, password, or PIN for the account

Manner of Notification to Affected Persons - ATTACH A COPY OF THE TEMPLATE OF THE NOTICE TO

AFFECTED NYS RESIDENTS:

Written Electronic Telephone Substitute notice

List dates of any previous (within 12 months) breach notifications: _____ N/A

Identify Theft Protection Service Offered: Yes No

Duration: 12 mo.; 24 mo. upon req. Provider: LifeLock

Brief Description of Service: LifeLock Ultimate Plus is the most comprehensive identity theft protection service offered by Lifelock

**PLEASE COMPLETE AND SUBMIT THIS FORM TO
EACH OF THE THREE STATE AGENCIES LISTED BELOW:**

Fax or Email this form to:

New York State Attorney General's Office
SECURITY BREACH NOTIFICATION
Consumer Frauds & Protection Bureau
120 Broadway - 3rd Floor
New York, NY 10271
Fax: 212-416-6003
Email: breach.security@ag.ny.gov

New York State Division of State Police
SECURITY BREACH NOTIFICATION
New York State Intelligence Center
31 Tech Valley Drive, Second Floor
East Greenbush, NY 12061
Fax: 518-786-9398
Email: risk@nysic.ny.gov

New York State Department of State Division of Consumer Protection
Attention: Director of the Division of Consumer Protection
SECURITY BREACH NOTIFICATION
99 Washington Avenue, Suite 650
Albany, New York 12231
Fax: (518) 473-9055
Email: security_breach_notification@dos.ny.gov

March 21, 2016

WRITER'S DIRECT NUMBER: (317) 236-2394
DIRECT FAX: (317) 592-4675
INTERNET: Steven.Humke@icemiller.com

Via U.S. Mail

[REDACTED]

Re: Personal Information

Dear Mr. [REDACTED]:

We are writing to provide you with information regarding some recent events involving one of your tax forms. An employee of Ice Miller took home a hard drive with files on it to continue working. She reported that the hard drive was stolen from her residence along with other personal belongings by her estranged husband. After investigation, we have concluded that her estranged husband had no interest in the Ice Miller files, but did have an interest in certain personal information relating to his wife on the drive. The hard drive contained IRS SS-4 forms which, in turn, may have contained your social security number.

We have worked with both Indianapolis Metropolitan Police Department and the Marion County Sheriff's Department in an attempt to recover the hard drive; however, we were not successful in doing so. Based upon our investigation, we believe that the drive has been destroyed and we have no reason to believe that this loss will result in identity theft. We cannot, however, confirm these beliefs and accordingly, we want to inform you of these events and offer to help mitigate any potential harm while minimizing any inconvenience. To that end, we will assist you, at our expense, in a number of ways:

• **IRS Identity Theft Notification**

We will assist you in filing an IRS Identity Theft Affidavit. After receiving an Identity Theft Affidavit, the IRS will provide you with an Identity Protection Personal Identification Number (an "IP PIN"). The IP PIN helps to help prevent the misuse of your Social Security number on fraudulent federal income tax returns. If you would like to file an Identity Theft Affidavit with the IRS, please complete the form included in Attachment A. We have already partially completed the form. Please note that a legible copy of your driver's license, Social Security card, passport, or other valid U.S. federal or state government issued identification is needed. Please mail the form with a copy of the identification to the IRS in the enclosed envelope.

- **LifeLock Ultimate Plus**

We are offering you twelve months of service with LifeLock Ultimate Plus – or longer if you feel it is needed – at no charge. LifeLock offers extensive identity theft protection services to its customers. Among other services, LifeLock scans a trillion data points a day for threats, supports its customers with a team of Identity Restoration Specialists, and provides its customers with a \$1Million Total Service Guarantee. LifeLock Ultimate Plus is the most comprehensive identity theft protection service offered by LifeLock. If you wish to obtain LifeLock Ultimate Plus, please fill out and return the form in Attachment B and we will obtain the service for you or you may sign up individually and we will reimburse you for the cost. If you do not wish to engage the full suite of services offered in the LifeLock Ultimate Plus package, we can offer other credit monitoring offered by LifeLock at no charge.

- **Credit Security Freeze Services**

We will assist you in implementing a credit security freeze and initial fraud alert on your behalf at no charge. When you place a freeze on your credit, only certain entities can access to your credit report. Before most creditors can issue a new account, they must view your credit report. When you limit access to your credit report, you make it more difficult for identity thieves to open new credit accounts in your name.

When you place the freeze on your credit, each credit reporting agency will issue you a unique PIN and/or password. To temporarily lift the freeze or remove the freeze altogether, contact the credit reporting agency and use your unique PIN or password. We will reimburse you for any expenses incurred in lifting or removing your freeze.

To implement a freeze you must contact each of the three major credit reporting agencies. If you wish to do so, detailed directions are set forth in Attachment C. If you would like, we will assist you in implementing these credit freezes and an initial fraud alert at no charge to you.

- **Direct Assistance from Ice Miller.**

If you and/or your financial advisor have any questions or concerns regarding any of the matters discussed above, attorney Stephen Reynolds, Co-Chair of the firm's Data Security and Privacy Practice Group at Ice Miller, is available to assist. His contact information is below.

Stephen Reynolds
317-236-2391
stephen.reynolds@icemiller.com

Mr. Reynolds or one of our other attorneys will provide legal service, at no charge, for related legal issues which may arise.

We sincerely apologize for any inconvenience that this may have caused. If you have any questions, feel free to contact me.

Very truly yours,

ICE MILLER LLP

Steven K. Humke
Chief Managing Partner

EXHIBIT A

Complete and submit this form if you are an actual or potential victim of identity theft and would like the IRS to mark your account to identify questionable activity.

Check only one of the following two boxes if they apply to your specific situation. (Optional for all filers)

I am submitting this form in response to a mailed notice or letter from the IRS.

I am completing this form on behalf of another person, such as a deceased spouse or other deceased relative. You should provide information for the actual or potential victim in Sections A, B, & D.

Note to all filers: Failure to provide required information on BOTH sides of this form AND clear and legible documentation will delay processing.

THIS FORM MUST BE SIGNED ON THE REVERSE SIDE (SECTION F).

Section A – Reason For Filing This Form (Required for all filers)

Check only ONE of the following two boxes. You MUST provide the requested description or explanation in the lined area below.

1 I am a victim of identity theft AND it is affecting my federal tax records.

You should check this box if, for example, your attempt to file electronically was rejected because someone had already filed using your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), or if you received a notice or correspondence from the IRS indicating someone was otherwise using your number.

Provide a short explanation of the problem and how you were made aware of it.

2 I have experienced an event involving my personal information that may at some future time affect my federal tax records.

You should check this box if you are the victim of non-federal tax related identity theft, such as the misuse of your personal identity information to obtain credit. You should also check this box if no identity theft violation has occurred, but you have experienced an event that could result in identity theft, such as a lost/stolen purse or wallet, home robbery, etc.

Briefly describe the identity theft violation(s) and/or the event(s) of concern. Include the date(s) of the incident(s).

An employee of my law firm recently reported that a hard drive containing an IRS SS-4 form which included my name and Social Security number was stolen from her.

Section B – Taxpayer Information (Required for all filers)

Taxpayer's last name	First name	Middle initial	The last 4 digits of the taxpayer's SSN or the taxpayer's complete Individual Taxpayer Identification Number (ITIN)
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Taxpayer's current mailing address (apt., suite no. and street, or P.O. Box)

City	State	ZIP code
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Tax year(s) affected (Required if you checked box 1 in Section A above)	Last tax return filed (year) (If you are not required to file a return, enter NRF and do not complete the next two lines)
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N/A

Address on last tax return filed (If same as current address, write "same as above")

City (on last tax return filed)	State	ZIP code
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Section C – Telephone Contact Information (Required for all filers)

Telephone number (include area code)	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	Best time(s) to call
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I prefer to be contacted in (select the appropriate language) English Spanish Other _____

Section D – Required Documentation (Required for all filers)

Submit this completed form and a clear and legible photocopy of at least one of the following documents to verify your identity. If you are submitting this form on behalf of another person, the documentation should be for that person. If necessary, enlarge the photocopies so all information and pictures are clearly visible.

Check the box next to the document(s) you are submitting:

Passport Driver's license Social Security Card Other valid U.S. Federal or State government issued identification**

** Do not submit photocopies of federally issued identification where prohibited by 18 U.S.C. 701 (e.g., official badges designating federal employment).

Section E – Representative Information (Required only if completing this form on someone else's behalf)

If you are completing this form on behalf of another person, you **must** complete this section and attach clear and legible photocopies of the documentation indicated.

Check only **ONE** of the following four boxes next to the reason why you are submitting this form

The taxpayer is deceased and I am the surviving spouse. (*No attachments are required*)

The taxpayer is deceased and I am the court-appointed or certified personal representative.

Attach a copy of the court certificate showing your appointment.

The taxpayer is deceased and a court-appointed or certified personal representative has not been appointed.

Attach a copy of the death certificate or the formal notification from the appropriate government office informing the next of kin of the decedent's death. Indicate your relationship to the decedent:

The taxpayer is unable to complete this form and I have been appointed conservator or have Power of Attorney (POA) authorization.

Attach a copy of the documentation showing your appointment as conservator or your POA authorization.

If you are the POA and have been issued a CAF number by the IRS, enter it here:

Representative's name

Current mailing address

City	State	ZIP code
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Section F – Penalty Of Perjury Statement and Signature (Required for all filers)

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the information entered on this form is true, correct, complete, and made in good faith.

Signature of taxpayer or representative of taxpayer	Date signed
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Instructions for Submitting this Form

Submit this form and clear and legible copies of required documentation using **ONE** of the following submission options. Mailing AND faxing this form **WILL** result in a processing delay.

By Mail	By FAX
<p>If you checked Box 1 in Section A and are unable to file your return electronically because the primary and/or secondary SSN was misused, attach this form and documentation to your paper return and submit to the IRS location where you normally file. If you have already filed your paper return, submit this form and documentation to the IRS location where you normally file. Refer to the "Where Do You File" section of your return instructions or visit IRS.gov and input the search term "Where to File".</p> <p>If you checked Box 1 in Section A and are submitting this form in response to a notice or letter received from the IRS, return this form and documentation with a copy of the notice or letter to the address contained in the notice or letter.</p> <p>If you checked Box 2 in Section A (you do not currently have a tax-related issue), mail this form and documentation to:</p> <p>Internal Revenue Service PO Box 9039 Andover MA 01810-0939</p>	<p>If you checked Box 1 in Section A and are submitting this form in response to a notice or letter received from the IRS that shows a reply FAX number, FAX this completed form and documentation with a copy of the notice or letter to that number. Include a cover sheet marked "Confidential." If no FAX number is shown, follow the mailing instructions on the notice or letter.</p> <p>If you checked Box 2 in Section A (you do not currently have a tax-related issue), FAX this form and documentation to: (855) 807-5720.</p>
	<p>NOTE: The IRS does not <i>initiate</i> contact with taxpayers by email, fax, or any social media tools to request personal or financial information. Report unsolicited email claiming to be from the IRS and bogus IRS websites to phishing@irs.gov.</p> <p>NOTE: For more information about questionable communications purportedly from the IRS, visit IRS.gov and input the search term "Fake IRS Communications".</p>

Other helpful identity theft information may be found on www.irs.gov/uac/Identity-Protection. Additionally, locations and hours of operation for Taxpayer Assistance Centers can be found at www.irs.gov (search "Local Contacts").

Note: The Federal Trade Commission (FTC) is the central federal government agency responsible for identity theft awareness. The IRS does not share taxpayer information with the FTC. Refer to the FTC's website at www.identitytheft.gov for additional information, protection strategies, and resources.

Privacy Act and Paperwork Reduction Notice

Our legal authority to request the information is 26 U.S.C. 6001. The primary purpose of the form is to provide a method of reporting identity theft issues to the IRS so that the IRS may document situations where individuals are or may be victims of identity theft. Additional purposes include the use in the determination of proper tax liability and to relieve taxpayer burden. The information may be disclosed only as provided by 26 U.S.C. 6103. Providing the information on this form is voluntary. However, if you do not provide the information it may be more difficult to assist you in resolving your identity theft issue. If you are a potential victim of identity theft and do not provide the required substantiation information, we may not be able to place a marker on your account to assist with future protection. If you are a victim of identity theft and do not provide the required information, it may be difficult for IRS to determine your correct tax liability. If you intentionally provide false information, you may be subject to criminal penalties. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send this form to this address. Instead, see the form for filing instructions. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

EXHIBIT B

LIFELOCK ULTIMATE PLUS REGISTRATION INFORMATION

Full Name: _____

Former Name(s) (if applicable): _____

Current Address: _____

Telephone Number: _____

Birth Date: _____

Email Address: _____

I hereby authorize my attorneys, Ice Miller LLP, to use the above information on my behalf, either online or by phone, for purposes of obtaining LifeLock Ultimate Plus identity theft protection for twelve (12) months.

X _____

**Please return this form to Ice Miller LLP by fax at (317) 592-4721 or via email to
Brandy.Matney@icemiller.com**

EXHIBIT C

INSTRUCTIONS FOR IMPLEMENTING A SECURITY FREEZE

1. A security freeze needs to be implemented separately with each of the major credit reporting agencies: Trans Union; Equifax; and Experian. The quickest and most efficient way to do so is online. The links for implementing a credit freeze for each of these credit reporting agencies are as follows:

- a. <https://www.transunion.com/credit-freeze/place-credit-freeze>
- b. https://www.freeze.equifax.com/Freeze/jsp/SFF_PersonalIDInfo.jsp
- c. <https://www.experian.com/freeze/center.html>

2. In order to complete the security freeze, you will need the following information:

- a. Full name;
- b. Former names if applicable;
- c. Current address;
- d. Previous addresses within the past 5 years;
- e. Social Security number;
- f. Date of birth.

3. You may need to choose a user name, password, and pin number. The password should be a password that you have not used previously and should consist of both letters and numbers. In general, the pins consist of six numbers. This will be a number that you will need to remember so it is important to record your pin number.

4. You may be asked a secret question with a secret answer. Generally, the questions that you get to choose request information such as mother's maiden name or high school mascot.

5. You may be asked confirming questions such as prior vehicles owned, prior street addresses, and other details. These questions take the place of submitting information verifying your identity and residence.

6. Depending on the state in which you reside, you may be asked to make payment for the credit freeze. If you inform us as to the amount spent on the credit freeze, we will immediately issue you a reimbursement check.

7. Generally, an initial fraud alert can be made at the same time as implementing a security freeze. An initial fraud alert can be implemented by placing the request with one of the three major credit reporting credit agencies. The credit reporting agency will then notify the other two agencies to place the fraud alert. You may choose to add your telephone number to your fraud alert message so that potential credit grantors may contact you before granting credit in your name.

8. If you have any questions or would like assistance in implementing the security freeze, please call Brandy Matney at 317-221-2912 or email, Brandy.Matney@icemiller.com.

IMPORTANT CONTACT INFORMATION

- Equifax
 - P.O. Box 105788, Atlanta, Georgia 30348
 - Toll-Free Phone: 1-800-685-1111
 - www.equifax.com
- Experian
 - P.O. Box 9554, Allen, Texas 7501
 - Toll-Free Phone: 1-888-397-3742
 - www.experian.com
- TransUnion Fraud Victim Assistance Dept.
 - P.O. Box 6790, Fullerton, California 92834
 - Toll-Free Phone: 1-877-322-8228
 - www.transunion.com
- Federal Trade Commission
 - 600 Pennsylvania Avenue NW, Washington, DC 20580
 - Toll-Free Phone: 1-877-FTCHELP (1-877-382-4357)
 - www.ftc.gov
 - www.identitytheft.gov

March 21, 2016

WRITER'S DIRECT NUMBER: (317) 236-2391
INTERNET: Stephen.Reynolds@icemiller.com

Via email to security_breach_notification@dos.ny.gov

New York State Department of State Division of Consumer Protection
Attention: Director of the Division of Consumer Protection
SECURITY BREACH NOTIFICATION
99 Washington Avenue, Suite 650
Albany, NY 12231

Dear Sir or Madam:

On behalf of Ice Miller LLP, please find enclosed the New York State Security Breach Reporting Form and a copy of the template notification letter sent to the applicable New York resident.

Should you have any questions or requests for additional information, please contact me directly.

Sincerely yours,

ICE MILLER LLP



Stephen E. Reynolds, CIPP/US, CISSP
Partner

Enclosure: Copy of March 21, 2016 Notice Letter Template
New York State Security Breach Reporting Form

Johnson, Melissa (DOS)

From: Yates, Elizabeth <Elizabeth.Yates@icemiller.com>
Sent: Monday, March 21, 2016 5:31 PM
To: dos.sm.CP.SecurityNotification
Cc: Reynolds, Stephen
Subject: Ice Miller LLP
Attachments: Notification Letter to NY State Dept. of State Div. of Consumer Protection.PDF; Notice Letter Template.PDF; New York State Security Breach Reporting Form.PDF

Please see attached notification letter and attachments sent today on behalf of Stephen E. Reynolds.



Elizabeth Yates

Legal Secretary

Elizabeth.Yates@icemiller.com

p 317-236-5890 f 317-236-2219

Ice Miller LLP
One American Square
Suite 2900
Indianapolis, IN 46282-0200

To learn more about the firm and its services, visit us at
icemiller.com

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Thank you.

ICE MILLER LLP

